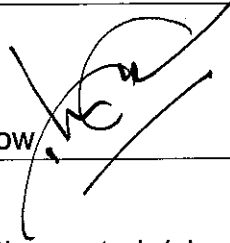


**Cuyahoga County Division of Children and Family Services
(CCDCFS)
Policy Statement**

Policy Chapter: Child Health Care
Policy Number: 9.00.01
Policy Name: Comprehensive Health Care for Children in Placement and HIPAA Signature Authorization

Original Effective Date: 12/19/2005
Revision Date(s): 07/18/2011
Current Revision Date: 09/01/2015
Approved By: Thomas D. Pristow



PURPOSE: To ensure that all children in the custody/placement of the Cuyahoga County Division of Children and Family Services (CCDCFS) receive comprehensive health care consistent with the regulations set forth in Ohio Administrative Code (OAC) Rule 5101:2-42-66.1 Comprehensive Health Care for Children in Placement; and that the health care events are documented according to OAC Rule 5101:2-42-66.2. As well as provide clarification on sign-off responsibility for forms required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 regarding children in Cuyahoga County Division of Children and Family Services (CCDCFS) custody.

SCOPE: This policy applies to all staff with children on their caseloads in CCDCFS Custody.

POLICY

- I. The worker of record (WOR) ensures all children in the custody of CCDCFS receive comprehensive health care in a timely manner pursuant to OAC Rule 5101: 2-42-66.1.
- II. The WOR documents and maintains all physical, behavioral and developmental health care events for the child within the State Automated Child Welfare Information System (SACWIS) pursuant to OAC Rule 5101:2-42-66.2, as part of the child's health care record. This information is provided as applicable/needed to health care professionals, parents, guardians, custodians, substitute caregivers and pre-finalized adoptive parents in order to provide care for the child.
- III. Whenever possible, CCDCFS arranges for health care services from the child's existing and/or previous medical providers as well as involve the parent(s), guardian(s), or custodian(s) in the planning and delivery of health care services.
- IV. A licensed medical provider (LMP) must provide health care services. A LMP is defined as one of the following:

- A. A licensed physician/ psychiatrist
 - B. An advanced practice nurse
 - C. A registered nurse
 - D. A licensed practical nurse
 - E. A physician assistant
- V. For every child placed in substitute care, the WOR determines whether the parent(s), or legal guardian/custodian has health care insurance and/or financial resources to provide comprehensive health care. If insurance or financial resources are available, CCDCFS requests financial support to help meet the child's health care needs. If insurance or financial resources are not available, CCDCFS assesses the child's eligibility for Medicaid, Title IV-E, Supplemental Security Income (SSI), or other assistance programs. CCDCFS applies for Medicaid on behalf of the child no later than thirty days after the date of the child's placement into substitute care.
- VI. The WOR makes every effort to involve the parent(s), guardian(s) or custodian(s) in the planning and delivery of the physical, mental and developmental health care services provided to the child during their substitute care placement. Health care information is shared with the parent(s), guardian(s), or custodian(s) after triage and at the time of a medical emergency/incident. All efforts are documented in SACWIS by the WOR.
- VII. CCDCFS updates the parent(s), guardian(s) or custodian(s) on the child(ren)'s physical, behavioral and developmental health care in writing no less than every six (6) months or at the time of each semiannual administrative review (SAR). The parent(s), guardian(s) or custodian(s) is informed, consulted and provides consent (if applicable) anytime a child in substitute care experiences a serious physical health problem, mental health problem, and/or medical emergency.
- VIII. When it is determined a youth in the custody of CCDCFS is pregnant, the WOR ensures that the youth receives appropriate prenatal health care as directed by an LMP, and that the pregnancy, estimated due date and all applicable medical care is documented in SACWIS, pursuant to OAC Rule 5101:2-42-66.2
- IX. The Substitute Caregiver secures transportation for and accompanies all youth to any physical or behavioral health appointments. The youth must be accompanied by an adult who is familiar with their behavior, family situation, and medical and social history which may include Substitute Caregivers (e.g., Relative Caregiver, Agency/Network Foster Parent, Residential/Group Home Staff); WOR and/or Resource Manager. If it is determined that the youth is of age and ability to attend independently, the

WOR must be notified of the date and time of the appointment and transportation plan to ensure attendance. The decision that a youth may travel independently must be a collaborative effort between the WOR, Substitute Caregiver and Health Care Provider.

- X. The WOR is responsible for making the arrangements for transportation of youth placed in Agency Foster Homes and/or Relative Caregiver Homes when necessary, to ensure that every child in custody receives adequate physical and behavioral health care. Such appointments must never be canceled due to lack of transportation.
- XI. In any health care emergency, medical attention is sought immediately the emergency room of any hospital, or by calling 911.
- XII. Although not technically a "covered entity", CCDCFS shall work with all health care vendors who provide treatment to children in the custody of CCDCFS to assure their compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This requires sign off on forms required by HIPAA, i.e. Acknowledgement of Receipt of Notice of Health Information Practice for children in custody.

PROCEDURES

I. TRIAGE EXAMINATIONS

- A. The WOR secures a triage examination (placement medical screening) of the child prior to placement, in order to prevent possible transmission of common childhood communicable diseases and identify any symptoms of illness, injury, or maltreatment. This triage examination is to be performed by a LMP (as listed above).
- B. Triage examinations occur each time a child in CCDCFS custody is moved to another placement (or another cottage within a facility), and/or there are concerns regarding the care of the child. Triage is not required if the child is being released from or taken to a hospital/medical care facility.
- C. The WOR presents the LMP with a copy of the *Triage Report Form* (available on the intranet under Health Care Forms) for completion by the LMP. The WOR provides a copy of the completed *Triage Report Form* to the Substitute Caregiver and will maintain one copy in the child's health record.
- D. When the child is taken into CCDCFS custody directly from a hospital setting, the WOR obtains a discharge summary from the LMP indicating the reason for hospitalization, current medical issues and prescribed follow up care.

- E. Initial triage health care screening examinations includes but is not limited to the following:
 - i. Health and developmental histories (as available)
 - ii. Current complaints/concerns
 - iii. Current medications and known allergies
 - iv. Comprehensive unclothed physical examination
 - v. Current physical and mental health diagnoses (if available)
 - vi. Indications of suspected abuse/neglect
 - vii. Required follow-up care

- F. The initial triage screening is recorded using the *Triage Report Form*. This health care event is documented in SACWIS pursuant to OAC Rule 5101:2-42-66.2.

II. COMPREHENSIVE HEALTH CARE/ PHYSICAL EXAMINATIONS

- A. Within sixty (60) days of placement with a substitute caregiver, all CCDCFs children receive a comprehensive physical examination which includes vision and hearing screenings.

- B. The WOR is responsible for ensuring each child in CCDCFs custody receives comprehensive health care including a physical health examination, vision/hearing/dental assessments, as well as developmental and psychological assessments. Timeframes for comprehensive health care are pursuant to OAC Rule 5101:2-42-66.1 or per the orders of the LMP.
 - i. The WOR ensures a comprehensive physical examination, including vision and hearing screenings, is completed no later than 60 days after the child's placement into substitute care.

 - ii. The WOR ensures an annual physical examination is completed no later than thirty (30) days from the anniversary date of the child's last comprehensive physical examination which includes vision and hearing screenings, unless screening results and/or LMP indicates a need for treatment or more frequent evaluation.

 - iii. The WOR ensures an initial dental exam is completed for a child over three (3) years of age, no later than six (6) months after the child's placement into substitute care.

 - iv. The WOR ensures annual dental re-examinations occur no later than thirty (30) days from the anniversary date of the child's last dental examination, or per the time frame recommended by the dentist. Treatment is provided whenever a dental condition indicates

the need for action. A licensed dental professional performs all dental treatment.

- v. All infants and children age three (3) and under receive required pediatric care as prescribed by an LMP pursuant to OAC Rule 5160:14-03. Covered Healthchek: early and periodic screening, diagnosis and treatment (EPSDT) screening visits and the according to the schedule recommended by the American Academy of Pediatrics, or per the direction of the current treating LMP.
 - vi. Children age three (3) and younger are referred to the "Help Me Grow" program when a screening or assessment indicates the child has or is at risk of a developmental disability or delay.
 - vii. The WOR obtains and maintains appropriate immunizations for each child entering substitute care throughout their custody episode. If a child's record of previous immunizations is unavailable at the time of the comprehensive physical exam, and it is reasonable to assume that the child has received immunizations, WOR may postpone immunizing the child until a record of the child's immunizations is available for review. This postponement is not to exceed thirty (30) days from the physical examination, or the direction of the LMP.
 - viii. The WOR ensures a psychological examination is completed for a child adjudicated delinquent no later than sixty (60) days after the child's placement into substitute care unless a psychological examination was conducted within twelve (12) months prior to the date the child was placed in substitute care and a copy is filed in the child's case record. If no psychological examination of the child is available, an assessment to detect mental and emotional disorders is performed by a:
 - 1. licensed independent social worker,
 - 2. licensed social worker,
 - 3. licensed professional clinical counselor, or
 - 4. licensed professional counselor.
 - ix. Treatment for any diagnosed medical or psychological is initiated within sixty (60) days of the diagnosis, unless treatment is required sooner.
- C. CCDCFS responsibility for providing health care pursuant to this rule is waived when a child's placement episode is less than sixty (60) days, unless the child has a physical, behavioral and developmental health condition that indicates the need for treatment during the placement episode.

- D.** A comprehensive health screening or physical is not required when:
- i. A child has received a comprehensive physical exam within three months prior to placement in substitute care and the results of the comprehensive physical exam are obtained by CCDCFS and maintained in the case record.
 - ii. A newborn is placed directly from the hospital
- E.** For every child placed in substitute care, the WOR determines whether the parent(s), or legal guardian/custodian has health care insurance and/or financial resources to provide comprehensive health care. If insurance or financial resources are available, CCDCFS requests financial support to help meet the child's health care needs. If insurance or financial resources are not available, CCDCFS assess the child's eligibility for Medicaid, Title IV-E, Supplemental Security Income (SSI), or other assistance programs. CCDCFS applies for Medicaid on behalf of the child no later than thirty days after the date of the child's placement into substitute care.
- F.** Upon initial custody of the child(ren), the WOR completes and submits a Healthy Start application to the CCDCFS Legal Department. In addition, within three (3) days of initial custody, the WOR submits an IV-E application for the child(ren), to their supervisor for approval. The IV-E department assesses the child(ren)'s eligibility for Medicaid, Title IV E, and Supplemental Security Income (SSI), or other assistance programs that might provide financial assistance to help meet the child's health care needs. When CCDCFS petitions for custody, it also requests financial support for comprehensive health care, if applicable.
- When a child has been determined Medicaid eligible and CCDCFS is unable to secure comprehensive health care by a Medicaid provider within the timeframe specified in (II) of this policy, the WOR remains responsible for ensuring the child receives comprehensive health care through an alternate provider and documents why an alternate provider was used in the case record.
- G.** The WOR makes every effort to involve the parent(s), guardian(s), or custodian(s) in the planning and delivery of the physical, mental, and developmental health care services provided to the child during their substitute care placement. The WOR documents all efforts in SACWIS by the WOR.
- H.** When it is determined a youth in the custody of CCDCFS is pregnant, the WOR shall ensure that the youth receives appropriate prenatal health care as directed by an LMP, and that the pregnancy, estimated due date and all applicable medical care is documented in SACWIS, pursuant to OAC Rule 5101:2-42-66.2

- I. Health care information about the child is documented in the case record within SACWIS pursuant to OAC Rule 5101:2-42-66.2 by the WOR.

III. ROUTINE HEALTH CARE

- A. All routine or minor office health care/treatment for children in CCDCFS custody is provided with the "*Consent for Routine/Minor Office Health Care/Treatment (ap144a)*" form. The "ap144a" pre-approves all routine or minor health care for CCDCFS custody children; Routine or minor health care is be defined as: physical exams; childhood immunizations (including influenza, H1N1, Hepatitis B and Tetanus shots); routine medications; short-term medications for acute/non-chronic conditions; birth control medications/devices/implants; routine laboratory work/testing; preventative/routine dental care and treatment; routine hearing services; routine vision services; and minor sutures/incisions/drainage.
- B. The WOR documents routine health care information about the child within SACWIS pursuant to OAC rule 5101:2-42-66.2
- C. CCDCFS updates the parent(s), guardian(s), or custodian(s) on the child(ren)s physical, behavioral and developmental health care in writing no less than every six (6) months or at the time of each semiannual administrative review (SAR).

IV. NON-ROUTINE HEALTH CARE

- A. All non-routine health care/treatment for children in CCDCFS custody require prior written consent of CCDCFS. The "*Consent for Non-Routine Health Care/Treatment (ap144b)*" form is used to provide written authorization in the event a CCDCFS child requires this type of care/treatment.
- B. Authorization for non-routine health care/treatment shall only be granted by CCDCFS personnel at the Senior Manager level or above, and by CCDCFS 696-KIDS Hotline Supervisors for authorizations required after regular business hours, or on weekends and holidays. Authorization is only provided after receipt of the completed "*Surgical, Invasive, and Non-Routine form*" (available on the intranet under Health Care Forms) request from a LMP. Non-routine health care/treatment is defined as, but not limited to: all surgical, invasive and/or experimental procedures; procedures/treatments requiring sedation or general anesthesia; hospital admissions; treatment of chronic conditions; all psychotropic medication and/or any experimental or high risk medications; HIV/AIDS testing (SEE CCDCFS POLICIES ON HIV TESTING); and any extensive dental or orthodontia treatments.

- C. Any health care requiring the “*Consent for Non-Routine Health Care/Treatment (ap144b)*” is documented in SACWIS pursuant to OAC Rule 5101:2-42-66.2 by Health Care Unit Staff.
- D. CCDCFS updates the parent(s), guardian(s), or custodian(s) on the child(ren)s physical, behavioral and developmental health care in writing no less than every six (6) months or at the time of each semiannual administrative review (SAR).
- E. The WOR makes every effort to involve the parent(s), guardian(s), or custodian(s) in the planning and delivery of the physical, mental, and developmental health care services provided to the child during their substitute care placement. Such information is shared with the parent(s), guardian(s), or custodian(s) after triage and at the time of the medical emergency/incident. All efforts are documented in SACWIS by the WOR.

V. TRANSPORTATION

- A. Substitute Caregivers are required to transport all child(ren)/youth placed in their homes to all physical, behavioral and developmental health appointments.
- B. The WOR provides transportation when Agency Foster Parents and/or Relative Caregivers are unable to transport the child(ren)/youth.
- C. Network Providers are responsible for ensuring transportation to all physical behavioral and developmental health appointments for the child(ren).
- D. Agency/Network Foster Parents may submit their travel expenses for transportation to and from these appointments to the Resources and Placement Department.
- E. If a youth in custody is determined to be of age and responsible to travel independently to their physical or behavioral health appointment the WOR must be notified as soon as possible of the date and time of appointment and transportation plan. The decision that a youth may travel independently is a collaborative effort between the WOR, Substitute Caregiver and Health Care Provider.

VI. EMERGENCY HEALTH CARE

- A. In the event of a medical emergency, the child(ren) are transported immediately to an appropriate emergency medical facility. The immediate health and safety of the child(ren) is considered FIRST in determining the best method of transportation.

- B. If readily available, a copy of the "Consent For Routine & Minor Office Health Care & Treatment (ap144a)" is provided to the medical staff to serve as authorization for the emergency treatment.
- C. As soon as possible, the medical staff and/or substitute caregiver contacts the CCDCFS Health Care Unit at #(216) 881-4712 (during the normal business hours) or the KIDS HOTLINE at #(216) 696-KIDS (after normal business hours or on a weekend or holiday) to discuss the nature of the emergency and obtain further permission to treat.
- D. The Health Care Unit or the KIDS HOTLINE notifies the child's case worker of the medical emergency.

VII. HIPAA SIGNATURE AUTHORIZATION

- A. The CCDCFS worker of record (WOR), shall have sign off responsibility for all HIPAA related forms pertaining to children within the permanent custody of CCDCFS.
- B. Whenever possible, the WOR will contact the biological parents for sign off on HIPAA related forms and document these attempts in SACWIS, unless the child is in permanent custody of CCDCFS.

RESOURCES

<http://ohiomh.com/> - This website has a search feature should the WOR or substitute caregiver need assistance with identifying a qualified LMP that accepts fee-for-service Medicaid.

SEE ALSO:

- Ohio Administrative Code

Section: 5101:2-42-66.1 Comprehensive Health Care for Children in Placement
 Section: 5101:2-42-66.2 Documentation of Comprehensive Health Care for Children in Placement

- Cuyahoga County Division of Children and Family Services Policies and Procedures Manual

Policy No. 5.02.02 – Case Reviews/Semi-Annual Administrative Reviews
 Policy No. 9.00.02 – Help Me Grow Services
 Policy No. 9.03.01 – HIV/AIDS Non-Discrimination
 Policy No. 9.04.03 – Psychotropic Medication
 Policy No. 10.02.03 – Transportation of Children/Youth